

Form for home loan request

E/ch

Complete and fax to **0041 22 940 22 52** or mail to Chambésy-Conseils, 6 rue des Lilas,
1202 Genève

Loan requested for: **Principal residence** **Second residence** Build (or renovate) Buy Buy land only**New Loan:** Total cost of project: _____ Francs Your capital contribution: _____ Francs (saving) Cash in L.P.P. (2nd pillar) _____ Frs

Term of credit desired: _____ years

Credit desired: _____ Francs (min. 50'000.-)

Maximum monthly payment desired: _____ Francs

Refinancing an existing loan: (with current interest rates)

Current amount of debt _____ Francs Interest rate: _____ %

Credit desired: _____ Francs

Term of credit desired: _____ years

Maximum monthly payment desired: _____ Francs

Your Co-ordinates:

Date: _____

Family name: _____ First name: _____ E-mail: _____

Age: _____ Marital Status (Married, Single, Divorced, Widowed, Cohabiting): _____ Children at home: _____

Home phone: _____ Office phone: _____ Cell phone: _____

Your taxes are paid: GE VD Other: _____ No taxes paid

Annual gross salary: _____ Francs

Your partner: Age: _____

Annual gross salary: _____ Francs

This information are strictly confidential. This request incurs no obligations on part of anyone concerned.



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1202 Genève

Loan requested for:

- Principal residence** **Second residence**
 Build (or renovate) Buy Buy land only

New Loan:

- Total cost of project: FRF: _____ EUR: _____
 Your capital contribution: FRF: _____ EUR: _____ CHF _____
 Term of credit desired: _____ years (1 to 25 years) Cash in L.P.P. (2nd pillar)
 Credit desired: CHF: _____ (min. CHF 50'000.-)
 Maximum monthly payment desired: CHF: _____

Refinancing an existing loan: (with current interest rates)

- Current amount of debt FRF: _____ EUR: _____ CHF: _____
 Interest rate: _____ % Interest rate: _____ % Interest rate: _____ %
 Credit desired: CHF: _____ Term of credit desired: _____ years (1 to 25 years)
 Maximum monthly payment desired: CHF: _____

Your Co-ordinates:

- Date: _____
 Family name: _____ First name: _____ E-mail: _____
 Age: _____ Marital Status (Married, Single, Divorced, Widowed, Cohabiting): _____ Children at home: _____
 Home phone: _____ Office phone: _____ Cell phone: _____
 Your taxes are paid: In France In Switzerland: GE, VD, VS Other: _____ No taxes paid
 Annual net salary: CHF: _____ FRF: _____ EUR: _____
Your partner: Age: _____
 Annual net salary: CHF: _____ FRF: _____ EUR: _____

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